**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government Application for MA APCD Limited Data Set
[Exhibit A: Data Application]**

This form is required by all Applicants, except Government Agencies as defined in 957 CMR 5.02. All Applicants must also complete the Data Management Plan, attached to this Application. The Application and the Data Management Plan must be signed by an authorized signatory of the organization. This Application and the Data Management Plan will be used by CHIA to determine if your organization may receive CHIA data. Please be sure the documents are completed fully and accurately. You may wish to consult the Evaluation Guide that CHIA will use to review your documents. Prior to receiving CHIA Data, the organization must execute the Data Use Agreement. You may wish to review that document as you complete these forms. This application should be completed by the Primary Investigator, and must be signed by a party with authority to bind the organization seeking CHIA Data for the purposes described herein.

NOTE: In order for your Application to be processed, you must submit the required application fee. Please consult the fee schedules for MA APCD data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA website.

All attachments must be uploaded to IRBNet with your Application. All applications documents can be found on the CHIA website in Word and/or PDF format.

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name: (Primary Investigator)	
Title:	
Organization Requesting Data: (Recipient)	
Project Title:	
IRBNet ID:	
Address, City/Town, Zip Code	
Telephone Number:	
Email Address:	
Names of Co-Investigators:	
Email Addresses of Co-Investigators:	
Original Data Applicant Submission Date:	
Dates Data Application Revised:	
Project Objectives (240 character limit):	
Project Research Questions (if applicable) or Business Use Case(s):	1. 2. 3.

II. PUBLIC INTERST & PROJECT SUMMARY

1. Briefly explain why completing your project is in the public interest.

2. Has an Institutional Review Board (IRB) reviewed your project?
    ☐ Yes, a copy of the *approval letter* and *protocol* <u>must</u> be included with the application package on IRBNet.
    ☐ No, this project is not human subject research and does not require IRB review.

3. **Research Methodology**: Applicants must provide a written description of the project methodology (typically 1-2 pages), which should state the project objectives and/or identify relevant research questions. This document must be included with the application package on IRBNet, and must provide sufficient detail to allow CHIA to understand how the data will be used to meet objectives or address research questions. Applications that do not include this methodology statement cannot be reviewed or approved.

III. DATA FILES REQUESTED

1. Please indicate the MA APCD databases from which you seek data, the year(s) of data requested, and your justification for requesting *each* file. Please refer to the MA APCD Release Data Specifications for details of the file contents.

MA ALL-PAYER CLAIMS DATABASE FILES	Year(s) Of Data Requested Current Yrs. Available ☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014 ☐ 2015
☐ **Medical Claims**	Please describe how your research objectives require Medical Claims data:
☐ **Pharmacy Claims**	Please describe how your research objectives require Pharmacy Claims data:
☐ **Dental Claims**	Please describe how your research objectives require Dental Claims data:
☐ **Member Eligibility**	Please describe how your research objectives require Member Eligibility data:
☐ **Provider**	Please describe how your research objectives require Provider data:
☐ **Product**	Please describe how your research objectives require Product data:

IV. GEOGRAPHIC DETAIL

Please choose _one_ of the following geographic options for MA residents. *For releases with 5 digit zip code, CHIA will apply a substance abuse filter which will remove all claims that include a substance abuse diagnosis.*

☐ 3 Digit Zip Code (MA) (standard)	☐ 5 Digit Zip Code (MA)***
***Please provide justification for requesting 5 digit zip code. Refer to specifics in your methodology:</br></br></br></br></br>	

V. DATE DETAIL

Please choose _one_ option from the following options for dates:

☐ Year (YYYY) (Standard)	☐ Month (YYYYMM) ***	☐ Day (YYYYMMDD) ***</br>[for selected data elements only]
*** If requested, please provide justification for requesting Month or Day. Refer to specifics in your methodology:</br></br></br></br>		

VI. NATIONAL PROVIDER IDENTIFIER (NPI)

Please choose _one_ of the following options for National Provider Identifier(s):

☐ Encrypted National Provider Identifier(s) (standard)	☐ Unencrypted National Provider Identifier(s)***
*** If requested please, provide justification for requesting unencrypted National Provider Identifier(s). Refer to specifics in your methodology:</br></br></br></br></br>	

VII. MEDICAID DATA

Please indicate here whether you are seeking Medicaid Data:

☐   Yes

☐   No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected to the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe, in the space below, why your use of the data meets this requirement. Requests for Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program.

VIII.   DATA LINKAGE AND FURTHER DATA ABSTRACTION

Note: Data linkage involves combining CHIA data with other databases to create a more extensive database for analysis. Data linkage is typically used to link multiple events or characteristics within one database that refer to a single person within CHIA data.

1. Do you intend to link or merge CHIA Data to other datasets?
    ☐ Yes
    ☐ No linkage or merger with any other database will occur

2. If yes, please indicate below the types of database to which CHIA Data be linked. [Check all that apply]
    ☐ Individual Patient Level Data (e.g. disease registries, death data)
    ☐ Individual Provider Level Data (e.g., American Medical Association Physician Masterfile)
    ☐ Individual Facility Level Data level (e.g., American Hospital Association data)
    ☐ Aggregate Data (e.g., Census data)
    ☐ Other (please describe):

3. If yes, describe the data base(s) to which the CHIA Data will be linked, which CHIA data elements will be linked; and the purpose for the linkage(s):

4. If yes, for each proposed linkage above, please describe your method or selected algorithm (e.g., deterministic or probabilistic) for linking each dataset. If you intend to develop a unique algorithm, please describe how it will link each dataset.

5. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

6. Once the linkage is made, what non-MA APCD data elements will appear in the new linked file?

XI. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such CHIA Data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting. All publication of CHIA Data must comply with CHIA's cell size suppression policy, as set forth in the Data Use Agreement. Please explain how you will ensure that any publications will not display a cell less than 11, and no percentages or other mathematical formulas will be used if they result in the display of a cell less than 11.

2. Do you anticipate that the results of your analysis will be published and/or publically available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee, that the third party must pay.

3. Will you use CHIA Data for consulting purposes?
   ☐ Yes
   ☐ No

4. Will you be selling standard report products using CHIA Data?
   ☐ Yes
   ☐ No

5. Will you be selling a software product using CHIA Data?
   ☐ Yes
   ☐ No

6. Will you be reselling CHIA Data in any format?
   ☐ Yes
   ☐ No

If yes, in what format will you be reselling CHIA Data (e.g., as a standalone product, incorporated with a software product, with a subscription, etc.)?

7. If you have answered "yes" to questions 4, 5 or 6, please describe the types of products, services or studies.

8. If you have answered "yes" to questions 4, 5, or 6, what is the fee you will charge for such products, services or studies?

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X. APPLICANT QUALIFICATIONS

1. Describe your qualifications (and the qualifications of your co-investigators) to perform the research described.

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2. **Resumes/CVs**: Please include with your application package on IRBNet résumés or curricula vitae of the Applicant/principal investigator, and co-investigators.   (These attachments will not be posted on the internet.)

XI. USE OF AGENTS AND/OR CONTRACTORS

Please note: by signing this Application, the Organization assumes all responsibility for the use, security and maintenance of the CHIA Data by its agents, including but not limited to contractors.

Provide the following information for all agents and contracotrs who will have access to the CHIA data. *Add agents or contractors as needed.*

Company Name:	
Contact Person:	
Title:	
Address, City/Town, Zip Code	
Telephone Number:	
E-mail Address:	
Organization Website:	

1. Will the agent or contractor have access to or store the CHIA Data at a location other than the Applicant's location, off-site server and/or database?
    ☐ Yes, a separate Data Management Plan **must** be completed by each agent or contractor
    ☐ No

2. Describe the tasks and products assigned to this agent for this project; their qualifications for completing the tasks; and the Organization's oversight of the agent, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

Company Name:	
Contact Person:	
Title:	
Address, City/Town, Zip Code	
Telephone Number:	
E-mail Address:	
Organization Website:	

1. Will the agent or contractor have access to or store the CHIA Data at a location other than the Applicant's location, off-site server and/or database?
    ☐ Yes, a separate Data Management Plan **must** be completed by each agent or contractor
    ☐ No

2. Describe the tasks and products assigned to this agent for this project; their qualifications for completing the tasks; and the Organization's oversight of the agent, including how the Organization will ensure the security of the CHIA Data to which the agent or contractor has access.

XII. FEE INFORMATION

Please consult the fee schedules for MA APCD Data and select from the following options:
☐ Researcher
☐ Others (Single Use)
☐ Others (Multiple Use)

Are you requesting a fee waiver?
☐ Yes
☐ No

If yes, please refer to the Application Fee Remittance Form and submit a letter stating the basis for your request (if required).   Please refer to the fee schedule for qualifications for receiving a fee waiver. If you are requesting a waiver based on the financial hardship provision, please provide documentation of your financial situation. Please note that non-profit status alone isn't sufficient to qualify for a fee waiver.

XIII. ATTESTATION

By submitting this Application, the Data Applicant attests that it is aware of its data use, privacy and security obligations imposed by state and federal law *and* is compliant with such use, privacy and security standards. The Data Applicant further agrees and understands that it is solely responsible for any breaches or unauthorized access, disclosure or use of any CHIA Data provided in connection with an approved Application, including, but not limited to, any breach or unauthorized access, disclosure or use by its agents.

Applicants requesting data from CHIA will be provided with data following the execution of a Data Use Agreement that requires the Data Applicant to adhere to processes and procedures aimed at preventing unauthorized access, disclosure or use of data.

By my signature below, I attest to: (1) the accuracy of the information provided herein; (2) that the requested data is the minimum necessary to accomplish the purposes described herein; (3) the Data Applicant will meet the data privacy and security requirements describe in this Application and supporting documents, and will ensure that any third party with access to the data meets the data use, privacy and security requirements; and (4) my authority to bind the organization seeking CHIA Data for the purposes described herein.

Signature: (Authorized Agent)	
Printed Name :	
Title:	
Signature: (Applicant/Primary Investigator)	
Name:	
Title:	
Original Data Request Submission Date:	
Dates Data Request Revised:	

Attachments. Please indicate below which documents have been attached to the Application and uploaded to IRBNet:
☐ 1. IRB approval letter and protocol (if applicable)
☐ 2. 1-2 page Research Methodology
☐ 3. Resumes of Applicant and co-investigators
☐ 4. Data Management Plan (including one for each agent of contractor that will have access to or store the CHIA Data at a location other than the Applicant's location, off-site server and/or database)
☐ 5. Fee Remittance Form (including any required documentation if a fee waiver is being requested)